

Different Perspectives: Doctor's and Nurse's with Practical Advice

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Importance for health advocacy among clients with Mental Illness

- Underserved population-do not routinely get physical exams

- Less likely to be able to be assertive in a chaotic system

- Increased risk for serious medical illnesses...Diabetes, smoking related illnesses, heart disease, dental disease, co-morbid substance abuse

- High pain tolerance pain is often used by medical people to assess severity this is not accurate for this patient population

Training Philosophy Strengths and Weakness

Doctor: Tends to emphasize DISEASE based how to identify and treat various illness.

- More in depth knowledge but less holistic

Nursing: Focus is on how a person RESPONDS to an illness and how this affects their lives.

- Thus it is more holistic but less depth. More practical and day-to-day implications.

What do all the title's mean?

Nursing

- CMA Certified medical assistant completed a 3-6 month technical program

- LPN Licensed Practical nurse completed a 1 year technical program

- RN Registered Nurse completed a 3-4 year program

- CNS Clinical Nurse Specialist completed a Master's degree with area of interest

- NP Nurse Practitioner completed 3 year Master's program

- Note in the state of Wisconsin CNS and NP's can take an exam to become nurse prescribers (can then write orders for medication)

Medicine

- PA Physician Assistants completed a master's program

- DO Doctor of Osteopathy completed a 4 year medical school type program which includes movement of body to treat illness

- MD Doctor of Medicine completed a doctoral program a 4 year program with the first 2 years being academic and the last 2 hands on

- Both MD's and DO's need to complete at least 1 year of post graduate internship in order to have a license. Most then complete additional training for a total of 3-8 years depending on the specialty. Psychiatrists complete 4 years to be "general psychiatrists" and an additional 2 years to be a Child and Adolescent psychiatrist

What is a PCP?

A primary care provider who can be an NP, PA or doctor often in internal medicine, family practice or for women an OB/GYN or for children a pediatrician.

Perspectives on psychiatry :

Many programs may have a nurse liaison. This may be a handy person to ask questions about medication indication or side effects. If one has questions about disease process etc, generally nurses and doctors will be most knowledgeable about their area of expertise but doctors have had significantly more exposure to general medicine.

As a nurse, I was able to distinguish between various disease processes. It is important to remember that if a patient is psychotic, there is no way to tell if they are bipolar or schizophrenic during a psychotic episode. Most importantly as a nurse, I could recognize healthy from ill and generally how ill.

As a doctor, when I am told how ill a patient is, I need to know how to make this better. Is the patient serious enough to go to the hospital? What is causing the change in behavior? Is it as easy as nonadherence to medications or is there an underlying cause?

It is good to keep asking questions until you feel like you are getting an adequate answer. I will generally ask a nurse first and if I still have questions continue with talking with the doctor.

Most important thing to be aware of is everyone has his or her limits. When we don't know what is wrong, it is important that we ask for help. Doctors frequently ask for 2nd opinions and consultations and others do not see this.

A change in the client's mental illness needs to consider medical cause...lack of oxygen causes disorientation. Out of control blood sugars cause mood changes.

Perspective on general medicine :

Often times people with psychiatric diseases will be falsely dismissed with "its all in their head."

Tenants: Common things happen commonly.

The more common the event the more it will be delegated i.e. 1950's the MD did lab draws and start IV's. This is not the case today

Practical information is more likely to come from nurses. Useful book suggestion for home health. What Nurses Know (and doctors don't have time to tell you) Patricia Carroll, RN

How to help organize a consumer for a health care visit

1. First visit is always best if the person is healthy. Best to try to establish a connection when you are feeling good.
2. Have a list of questions or concerns. Putting on the thin gown and freezing appears to make our minds go BLANK. This happens to everyone.

3. Bring in all your medications, herbal remedies, vitamins etc. ALL medications including nonprescription have the potential to interfere with other medications. Your prescriber must know everything.
4. Encourage the consumer to tell the truth. Health care staff need to know what are the concerns and they should not be judgmental and generally do not withhold care.
5. If the visit is problem focused the questions that will be asked are:
 - How long has this been going on?
 - What makes this better? What makes this worse?
 - If pain is present, then can you describe the pain? Sharp, dull, or tight? Where is the pain? How intense is the pain?

What to do after hours? A phone call can help. Start with the on-call person for the clients health care provider they can hopefully either give suggestions over night or direct to urgent versus emergency care.

If you think the person looks really sick, you can never go wrong with going to the ER. We often don't give ourselves credit for intuition. If the ER thinks the person is not severely sick, one can have to wait a long time. This is where urgent care often has an advantage.

Age DOES matter!

The extremes of ages young or old do have separate risks and peculiarities. Thus it is more helpful for these types of clients to have medical staff with experience and or interest in treating this age range.